

COMMUNITY CARE LICENSING DIVISION

*"Promoting Healthy, Safe and
Supportive Community Care"*

TECHNICAL SUPPORT PROGRAM

Self-Assessment Guide

GROUP HOME

EMERGENCY INTERVENTION



CDSS

CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

**TECHNICAL SUPPORT PROGRAM
GROUP HOME
EMERGENCY INTERVENTION REQUIREMENTS**

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TECHNICAL SUPPORT PROGRAM GROUP HOME EMERGENCY INTERVENTION REQUIREMENTS

INTRODUCTION

This guide was developed to assist Group Home care providers to comply with regulatory requirements for the use of emergency interventions for children. The specific regulations that apply to Emergency Interventions for Group Homes are sections 84800 through 84808. The regulations cover requirements for emergency intervention plans, staff training, manual restraint, protective separation rooms, documentation and reporting, staffing requirements, biannual reviews, medical examinations, and runaway plans.

While this guide is intended to assist care providers in complying with emergency intervention requirements, it is not a substitute for knowing the regulations. If you are unclear about any of the requirements, refer to the regulations and/or contact your licensing district office. In addition to the Emergency Interventions requirements, Group Home providers must maintain compliance with all other Group Home and General regulations. Prior to their use, emergency intervention plans must be approved by the licensing District Office.

Definitions (84001)

The following are some of the Emergency Intervention terms you will need to know.

- ◆ **Assaultive Behavior**: Means violent, physical actions which are likely to cause immediate physical harm or danger to an individual or others.
- ◆ **Administrator Designee**: In facilities licensed for 12 or fewer, there must be coverage by a designated staff person (no other requirements are needed). For facilities licensed for 13 or more, there must be coverage by a designated substitute who is a high school graduate, with one year experience in administration or a supervisory role, in child care and/or support staff, providing direct services to children in a facility licensed for seven or more.
[84064 (d)(1)(2)(A)(B)]
- ◆ **Behavior Management Consultant**: A person who designs or implements behavior modification intervention services and meets one of the following requirements:
 - (A) A licensed psychologist from Medical Board of California or Psychology Examining Board.
 - (B) A California licensed Clinical Social Worker.
 - (C) A California licensed Marriage, Family and Child Counselor.
 - (D) Any other licensed professional whose California license permits the design and/or implementation of behavior modification intervention services.

- ◆ **Early Intervention:** The use of non-physical, de-escalation interventions to control injurious behavior. Techniques include, but are not limited to, suggesting alternative behavior, crisis communication and evasive techniques.
- ◆ **Emergency Intervention:** The justified use of early interventions and/or otherwise prohibited manual restraints to protect the child or others from harm.
- ◆ **Emergency Intervention Plan:** A written plan that addresses how emergency intervention techniques will be implemented.
- ◆ **Emergency Intervention Staff Training Plan:** A written plan that specifies the training provided to group home personnel in the use of emergency interventions. This staff training is a component of the emergency intervention plan.
- ◆ **Facility Manager:** A person on the premises with the authority and responsibility necessary to manage and control the day-to-day operations of the facility and supervise the clients. If the facility administrator is also the facility manager, this person shall be limited to the administration and management of only one facility. [84001(f)(1) and 84065(d)]
- ◆ **Licensed Professional:** A person who is licensed in California to provide medical care or therapy. This includes physicians, physician assistants, nurse practitioners, registered nurses, licensed vocational nurses, psychiatric technicians, physical and occupational therapists, and respiratory therapists, who are operating within the scope of practice of their license. [80001(l)(2)]
- ◆ **Manual Restraint:** The use of a hands-on or other physical techniques to physically limit the movement of a child. Techniques include, but are not limited to, forced escorts, holding, prone restraint; or other containment including protective separation.
- ◆ **Manual Restraint Plan:** A written plan that addresses how manual restraints will or will not be implemented. This plan is a component of the emergency intervention plan.
- ◆ **Mechanical Restraint:** Any physical device or equipment that restricts the movement of the child or a portion of the child's body.
- ◆ **Physical Restraining Device:** Any physical or mechanical device, material or equipment attached or next to the child's body that the child cannot remove easily and which restricts the child's movement. These devices include leg/arm restraints, soft ties/vest, wheelchair safety bars, and full-length bed rails.
- ◆ **Protective Separation:** The voluntary or involuntary removal of a child for the purpose of protecting the child from injuring himself/herself or others.
- ◆ **Protective Separation Room:** An unlocked room specifically designated and designed for the involuntary separation from other children for a limited time period for the purpose of protecting the child from injuring or endangering himself/herself or others.

EMERGENCY INTERVENTION RESTRICTIONS (84800)(b)(1-4)(c)

Group Homes for children may be justified or excused in using emergency interventions including restraint to prevent a child from injuring or endangering himself, herself or others. This includes use of manual restraints for the purpose of preventing a child from engaging in impulsive acts that would also result in danger to self or others. Any emergency intervention must comply with all of the following restrictions:

- ◆ The restraint is reasonably applied to prevent a child exhibiting assaultive behavior from exposure to immediate injury or danger to self or others;
- ◆ The force used does not exceed that which is reasonably necessary to avert the injury or danger;
- ◆ The danger of the force applied does not exceed the danger being avoided;
- ◆ The restraint stops as soon as the danger of harm has been removed.

The licensee must use a continuum of interventions, starting with the least restrictive intervention. More restrictive interventions may be used when less restrictive techniques have been attempted and were not effective in reducing imminent danger.

EMERGENCY INTERVENTION PROHIBITIONS (84801)(a-d)

The following emergency interventions **must not** be used on a child at any time:

- ◆ Mechanical restraints, except postural supports as specified in Section 80072(a)(8) (see General Regulations). Postural Supports are defined in part as appliances or devices including braces that are used to achieve proper body position and balance, and to improve the client's mobility and independent functioning, rather than to restrict their movement;
- ◆ Aversive behavior interventions including, but not limited to, body shaking, water spray, slapping, pinching, ammonia vapors, sensory deprivation and electric shock;
- ◆ Intentionally producing pain to limit the child's movement, including but not limited to, arm twisting, finger bending, joint extensions and headlocks;
- ◆ Methods of restricting a child's breathing or circulation;
- ◆ Corporal punishment;
- ◆ Placing blankets, pillows, clothing or other items over the child's head or face; body wraps with sheets or blankets;
- ◆ The use of psychotherapeutic/psychotropic or behavior modifying drugs as punishment or convenience of facility staff;
- ◆ Techniques that can reasonably be expected to cause serious injuries to the child that require medical treatment by a health practitioner;

EMERGENCY INTERVENTION PROHIBITIONS (continued)

- ◆ Verbal abuse or physical threats by facility staff;
- ◆ Isolation of a child in a room which is locked by: key lock, deadbolt, security chain, flush, edge or surface bolt, or similar hardware which can't be operated by the child inside the room;
- ◆ Manual restraints for more than 15 consecutive minutes in a 24-hour period, unless as specified in section 84802 (see page 8);
- ◆ Manual restraints for more than 30 consecutive minutes in a 24-hour period, unless as specified in section 84802 (see page 8);
- ◆ Manual restraints for more than 60 consecutive minutes unless specified in section 84802 (see page 9);
- ◆ Manual restraints for more than four cumulative hours in a 24-hour period, unless as specified in section 84802 (see page 9);
- ◆ Any emergency intervention technique not approved for use as part of the licensee's emergency intervention plan.

Manual restraints **must not** be used as punishment or discipline, replacement for on-duty child care staff, as a substitute for, or part of, a treatment or behavior modification program, harassment or humiliation or to prevent a child from leaving the facility except as specified in section 84808 (see page 16). In addition, manual restraints **must not** be used when a child's medical assessment documents that he or she has a medical condition that would contraindicate the use of a manual restraint; and when the child's current medical condition contraindicates the use of manual restraints.

EMERGENCY INTERVENTION PLAN (84802)(a-d)(1-10)

Prior to implementing an Emergency Intervention Plan, the licensee must submit and receive approval from the licensing district office for the plan. The plan must be designed and approved, in conjunction with the licensee, by an individual with the qualifications of a Behavior Management Consultant. The plan must be appropriate for the client population served and must also be appropriate for the staff qualifications and staff emergency intervention training. The emergency intervention plan must be included in the group home program statement and must include the following:

- ◆ Name(s) of facility personnel trained to use emergency interventions;
- ◆ A description of the continuum of emergency interventions, beginning with early interventions explaining each emergency intervention to be used;
- ◆ Maximum time limits for each emergency intervention technique not to exceed maximum time limits as specified in section 84802(f) (see page 8); (never to exceed that justified/excused under 84800)(see page 4).

EMERGENCY INTERVENTION PLAN (continued)

- ◆ In what situations each emergency intervention technique is not to be used;
- ◆ Expected outcome, benefits to the child;
- ◆ A statement specifying what emergency interventions will never be used;
- ◆ A description of the circumstances and the types of behaviors that may require the use of emergency interventions;
- ◆ Procedures for using age and size appropriate emergency intervention techniques;
- ◆ Procedures for using emergency interventions if more than one child requires the use of emergency interventions at the same time;
- ◆ Procedure for ensuring care and supervision is maintained in the facility when all available facility personnel are required for the use of emergency interventions;
- ◆ Procedures for re-integrating the child back into the facility routine after an emergency intervention technique has been used;
- ◆ Criteria for assessing when an emergency intervention plan needs to be modified or terminated;
- ◆ Criteria for assessing when the facility does not have adequate resources to meet the needs of a specific child.

MANUAL RESTRAINT PLAN (84802)(e)(1)(A) and (84802)(f)(1)(A)

The manual restraint plan must be included as a component of the emergency intervention plan. If the facility **will not** use manual restraints, the plan must include the following:

- ◆ Procedures for responding to a child who is exhibiting assaultive behavior from injuring or endangering himself, herself or others;
- ◆ The external community resources to be used to assist facility personnel to deal with assaultive behaviors.

If the facility **will use**, or it is reasonably foreseeable that the facility **will use** manual restraints, the manual restraint plan must include the following:

- ◆ Procedures for ensuring a child's safety when a manual restraint is being used, including but not limited to, the job titles of facility personnel responsible for checking the child's breathing and circulation;
- ◆ Procedures for determining when a medical examination is needed during a manual restraint, as specified in section 84807; (see page 15)

MANUAL RESTRAINT PLAN (continued)

Procedures for ensuring that the time a child is restrained, is limited to the length of time that the child poses an immediate threat to himself/herself or others and that the restraint does not cause injury to the child. (see page 4)

The manual restraint plan must also include the following requirements as specified in section 84802(f)(2)(A-F):

- ◆ Procedures for obtaining written approval from the administrator or administrator's designee to continue a manual restraint after the initial 15 consecutive minutes;
- ◆ Procedures for obtaining written approval from the administrator or administrator's designee and the facility social work staff to continue a manual restraint after 30 consecutive minutes. If the social work staff is not onsite, the facility may obtain verbal approval. Written approval **must** be obtained within 24 hours of the verbal approval;
- ◆ Procedures for ensuring the administrator or administrator's designee and social work staff evaluate whether the facility has adequate resources to meet the child's needs when the child continues to present a danger to self or others after the initial 30 minutes of manual restraint and at 30-minute intervals thereafter;
- ◆ Procedures for obtaining written approval from the administrator or administrator's designee and the facility social work staff and the child's authorized representative to continue a manual restraint after 60 consecutive minutes and each 30-minute interval thereafter. If the child's authorized representative is not available to provide written approval, the facility may obtain verbal approval. Written approval **must** be obtained within 24 hours of the verbal approval;
- ◆ Any restraints must not exceed four cumulative hours in a 24-hour period. If the child continues to present a danger to himself/herself or others, the facility must have written procedures for informing the child's authorized representative and contacting community emergency services to determine if the child should be removed from the facility;
- ◆ Procedures for visually checking the child for injuries, breathing and circulation, ensuring personal needs are met and continued use of the manual restraint is justified;
- ◆ Procedures for evaluating if the facility has adequate resources to meet the child's needs;
- ◆ Procedures for reviewing and modifying the child's needs and services plan as necessary;
- ◆ Procedures for accessing community emergency services, including, but not limited to the police/sheriff departments, if the use of emergency intervention is not effective or appropriate;
- ◆ Procedures for evaluating when a licensed professional is needed to approve the initiation and continuation of a manual restraint, if the licensee chooses to require this authorization.

The facility's manual restraint plan must also include procedures for documenting each use of manual restraint in the child's record and for reviewing each use of manual restraint with the child, and the child's authorized representative or parent.

MANUAL RESTRAINTS/15 CONSECUTIVE MINUTE TIME LIMITATION (84802)(f)(2)(A)(1-4)

All group homes which use manual restraints must develop procedures for ensuring that the time a child is restrained is limited to the amount of time the child is an immediate threat to himself/herself or others and that the restraint will not cause injury to the child. These procedures must ensure that:

- ◆ A child does not remain in a manual restraint for more than 15 consecutive minutes unless written approval to continue the restraint is obtained from the administrator or the administrator's designee;
- ◆ The person approving the continuation of the restraint must not be a person restraining the child;
- ◆ The person visually checking the child after 15 minutes to ensure the child is not injured and the child's personal needs are met must not be a person restraining the child;
- ◆ After the initial 15 minutes, the person who approves the continuation of the manual restraint observes the child's behavior to determine whether continued use of the manual restraint is necessary;
- ◆ Written approval to continue a manual restraint beyond 15 consecutive minutes is documented in the child's record.

MANUAL RESTRAINTS BEYOND 30 CONSECUTIVE MINUTES (84802)(f)(2)(B-D)

Group Homes which restrain a child longer than 30 minutes must have written procedures which ensure that:

- ◆ A child does not remain in a manual restraint for more than 30 consecutive minutes in a 24-hour period unless the child is still a danger to self or others and written approval to continue the restraint is obtained from the administrator or the administrator's designee and the facility's social work staff;
- ◆ If social work staff is not on site, the facility may obtain verbal approval. Written approval must be obtained within 24 hours of the verbal approval;
- ◆ The person who approves the continuation of the restraint must be someone other than the person restraining the child;
- ◆ The child is visually checked after the initial 30 minutes by someone other than the person restraining the child to ensure the child is not injured and the child's personal needs are being met;
- ◆ After the initial 30 minutes, the persons who approve the continuation of the restraint observe the child to determine if continued use if the restraint is justified;
- ◆ Written approval to continue the use of the manual restraint is documented in the child's record;

MANUAL RESTRAINTS BEYOND 30 CONSECUTIVE MINUTES (continued)

- ◆ After the initial 30 minutes, the child placed in a manual restraint must be visually checked every 15 minutes until the restraint is terminated to ensure the child is not injured, personal needs are met and the continued manual restraint is justified;
- ◆ The visual check must be documented in the child's record;
- ◆ The person checking the child must be someone other than the person restraining the child;
- ◆ After the initial 30 minutes and at 30-minute intervals if the child continues to present a danger to self or others, the administrator or administrator's designee and facility social work staff must evaluate whether the facility has adequate resources to meet the child's needs.

MANUAL RESTRAINTS EXCEEDING 60 CONSECUTIVE MINUTES (84802)(f)(2)(E-F)

Manual restraints in excess of 60 consecutive minutes must be approved every 30 minutes, in writing, by the administrator or administrator's designee, facility social work staff and the child's authorized representative. If the child's authorized representative is not available to provide written approval the facility may obtain verbal approval. Written approval must be obtained within 24 hours of the verbal approval. The continued use of a manual restraint must be documented in the child's record.

Within 48 hours of a manual restraint of 60 cumulative minutes or longer in a 24-hour period, the child's needs and services plan must be reviewed by the facility administrator or administrator's designee, facility social work staff and the child's authorized representative, and modified as needed.

MANUAL RESTRAINTS PROHIBITED FROM EXCEEDING FOUR CUMULATIVE HOURS (84802)(f)(2)(G)(1) and (84802)(f)(2)(H)(I)

Manual restraints **must not** exceed four cumulative hours in a 24-hour period. When a child continues to be an immediate danger to self or others, the facility must inform the child's authorized representative; and contact community emergency services to determine whether the child should be removed. If a restraint exceeds two hours, the facility must:

- ◆ Allow the child access to liquids, meals, and toileting and range of motion exercises;
- ◆ Make provisions for responding promptly and appropriately to the child's request for services and assistance and repositioning the child when appropriate;
- ◆ Establish procedures for documenting each use of manual restraints in the child's record and for reviewing each use of manual restraints with the child, and authorized representative or parent;
- ◆ Establish procedures for accessing community emergency services including, but not limited to, the police/sheriff departments if the use of emergency interventions is not effective or appropriate;

MANUAL RESTRAINTS PROHIBITED FROM EXCEEDING FOUR CUMULATIVE HOURS (continued)

- ◆ Establish procedures for requiring a licensed professional, to approve the initiation and continuation of a manual restraint, if the licensee chooses to require this authorization.

(See pages 17 and 18 for Manual Restraint Time Frame Guidelines)

EMERGENCY INTERVENTION STAFF TRAINING PLAN (84802)(g)(1-6)

The emergency intervention staff training plan must be included in the emergency intervention plan. The training plan must include the following:

- ◆ The type, title, and a brief description of training that all facility personnel have completed;
- ◆ Training requirements for new personnel;
- ◆ Ongoing training required for existing personnel;
- ◆ Training curriculum as specified in section 84803(b) (see page 13);
- ◆ Training schedule which identifies when staff training will be offered and provided;
- ◆ The names and qualifications of instructors who will provide the training.

INTERNAL BIENNIAL REVIEW (84802)(h)(1)(2)(A-C)(3-5)

The facility must develop procedures for conducting Internal Biannual reviews. The review must be conducted by the facility administrator or the administrator's designee. The Internal Biannual review must include at least the following:

- ◆ Analysis of patterns/trends of use of emergency interventions in the previous six-month period, based on a review of all records related to the use of emergency interventions for accuracy and completeness;
- ◆ Review of the use, effectiveness and duration of each emergency intervention including, a determination of the effectiveness and appropriateness of the intervention technique used in each situation;
- ◆ Review of the frequency of emergency interventions in the previous six months.

The biannual review and corrective action plan must be submitted to the department no later than the fifth day of the month following the review. The licensee must provide a copy of the biannual review and corrective action plan, if applicable to the authorized representative upon request.

ADMISSION AGREEMENT (84802)(i)(1)(A)

In addition to existing admission agreement information requirements, the admission agreement must also include a written statement regarding the type(s) of emergency interventions the licensee has been approved to use. The facility policy regarding the use of emergency intervention must be reviewed with the child and the authorized representative at the time of admission. The licensee must provide a copy of the approved emergency intervention plan to the authorized representative upon request.

ADDITIONAL EMERGENCY INTERVENTION PLAN REQUIREMENTS (84802)(j)(k)

Only trained facility personnel are allowed to use emergency interventions on children. Prior to using the emergency intervention plan, the licensee's Board of Directors must approve the plan, and any subsequent amendments. The approval must be documented in the minutes of the Board of Directors meeting. Each board member must receive a copy of the plan prior to its use and any modifications to it.

EMERGENCY INTERVENTION PLAN APPROVAL (84802)(l)(1)(m)

Licensing must review the emergency intervention plan, including any amendments, and notify the licensee within 30 days of receipt of the plan whether the plan has been approved or denied if any additional information is needed. If the plan is disapproved, the licensee may appeal the decision. If licensing determines that the licensee has not complied with the emergency intervention plan requirements; the licensee must discontinue the use of emergency interventions immediately upon written notice of deficiency by licensing.

PROTECTIVE SEPARATION ROOM (84802.1)(a)(1-8)

In addition to having an approved emergency intervention plan, any facility utilizing a protective separation room, must comply with the following requirements:

- ◆ No protective separation room may be used for another purpose, e.g. bedroom, bathroom, storage;
- ◆ No protective separation room may be used without a fire clearance from the local fire authority;
- ◆ The fire clearance request must be made through and maintained by the licensing office;
- ◆ No protective separation room may be used without prior inspection and approval from licensing;
- ◆ Protective separation rooms must be safe and free of hazards such as objects or fixtures which can be broken or used by a child to inflict injury to self or others.

Procedures regarding the use of the protective room must be included in the manual restraint plan component of the emergency intervention plan. These procedures must include the following to ensure a child's safety when placed in a protective separation room:

PROTECTIVE SEPARATION ROOM (continued)

- ◆ Facility personnel must maintain direct visual contact with the child at all times, and be free from other responsibilities, to ensure the child's safety while in the room;
- ◆ Facility personnel must remain in the room, when necessary, to prevent injury to the child;
- ◆ Facility personnel must ensure that there are no objects in the child's possession that could be used to inflict injury to self or others while in the protective separation room;
- ◆ No more than one child may be placed in the protective separation room at any one time;
- ◆ Physical abuse, corporal punishment, threats or prohibited restraints may not be used as a method for placing a child in the protective separation room;
- ◆ Facility social work personnel and the child's authorized representative must indicate, in writing, in the child's needs and services plan if the child may be placed in the protective separation room;
- ◆ A child placed in the protective separation room may not be deprived of eating, sleeping, toileting or other basic daily living functions;
- ◆ Exiting from a protective separation room may not be prevented by the use of locking or jamming devices;
- ◆ The door may be held shut in a manner that allows for immediate release upon removal of a staff member's foot, hand, and/or body.

EMERGENCY INTERVENTION TRAINING REQUIREMENTS **(84803)(a)(1)(b)(1-6)(c)(d)(i)(A-C)(2)(e)(f)**

No facility personnel may use emergency intervention techniques on a child unless the training instructor has certified in writing that the facility personnel have successfully completed emergency intervention training. All new and existing facility personnel who use or participate in emergency interventions, as well as the facility administrator and the administrator's designee must complete the training. The emergency intervention-training curriculum must address the following areas:

- ◆ Techniques of group and individual behavior management, including, but not limited to, crisis prevention, precipitating factors leading to assaultive behavior and crisis interventions;
- ◆ Methods of de-escalating volatile situations, including non-physical intervention techniques such as crisis communication, evasive techniques, alternative behavior;
- ◆ Alternative methods of handling aggressive and assaultive behavior;
- ◆ Written and hands-on competency test;
- ◆ Techniques for returning the child to activities following the use of the emergency intervention;

If the licensee chooses to use manual restraints, the training must cover physical techniques of applying manual restraints in a safe and effective manner ranging from the least to most restrictive type(s) of restraints. The training may include, but not be limited to:

- ◆ Escorting,
- ◆ Wall restraint,
- ◆ Prone containment.

The training must be provided by an individual who holds a valid instructor's certificate from a program of managing assaultive behavior, that is consistent with the regulations. The licensee must maintain a written record of the facility staff training. Documentation of the training received must be maintained in the personnel record for each staff member, must be made available to licensing upon request and must include:

- ◆ Dates, hours, and description of the training completed;
- ◆ Name and training certificate of the instructor who provided the training;
- ◆ Certification from the instructor that the staff member has successfully completed the competency test.

Facility personnel must receive on-going training to maintain certification. When an inappropriate manual restraint technique is used during an emergency intervention, the licensee must develop a corrective action plan. The plan may require facility personnel to repeat the appropriate emergency intervention training.

STAFFING REQUIREMENTS (84804)(a-d)

The administrator or administrator's designee must oversee the emergency intervention program. All facility personnel who will use emergency interventions, must be trained in the appropriate emergency intervention techniques approved to be used by the licensee. A minimum of two (2) trained facility personnel must be available and responsible for using each manual restraint if the restraint technique requires the use of two people. Additional facility personnel must be available to supervise the other children in placement when the trained facility personnel are required to use manual restraints.

DOCUMENTATION AND REPORTING REQUIREMENTS (84805)(a)(1)(b-e)

Each use of manual restraints must be reported to licensing and the child's representative by telephone no later than the next working day following the incident. A written incident report must be submitted to licensing within seven days. If a child is restrained more than once in a 24-hour period, each use of manual restraints must be reported. All of the above information must be documented in the child's record immediately following the use of manual restraint or no later than the end of the working shift of the staff member(s) who participated in the manual restraint. Any report of the use of manual restraints must be reviewed, for accuracy and completeness, and signed by the administrator or administrator's designee no later than the next working day following the incident. A copy of the written incident report must be maintained in the child's record. The child's record must be available for review by licensing.

MONTHLY LOG (84805)(f)(1-6)(g)

The licensee must maintain a monthly log of each use of manual restraints. The monthly log must be available for review, and be subject to reproduction by licensing upon request during normal business hours. The log must include:

- ◆ Name of each child,
- ◆ Date and time of the intervention,
- ◆ Duration of the intervention,
- ◆ Name(s) of facility staff member(s) who participated in the manual restraint,
- ◆ Description of the intervention and type used,
- ◆ Result of licensee review .

REVIEW OF MANUAL RESTRAINT USE (84806)(a)(b)(1)(A)(2)(3)(c)

The administrator or administrator's designee must discuss the use of the manual restraints with the facility personnel involved no later than the next working day following the incident. The administrator or administrator's designee must determine whether the emergency intervention action taken by the staff was consistent with the emergency intervention plan, and document the findings in the child's record and facility monthly log. The manual restraint review must evaluate the following:

- ◆ Did the staff attempt to de-escalate the situation;
- ◆ What interventions were utilized;
- ◆ Did the staff attempt at least two non-physical interventions;
- ◆ Was the child restrained for the minimum amount of time, limited to when the child is presenting an immediate danger self or others;
- ◆ Were manual restraints utilized only after less restrictive techniques were utilized and proven to be unsuccessful;
- ◆ Was there any medical treatment necessary.

If the use of any de-escalation technique causes an escalation of the child's behavior, the use of the technique must be evaluated for its effectiveness. De-escalation techniques which are ineffective or counter productive are prohibited. The administrator or administrator's designee, the child's authorized representative or parent and facility social work staff must assess whether it is necessary to amend the child's needs and services plan.

MEDICAL EXAMINATION (84807)(a)(1)(2)(b-d)

The administrator or the social work staff are responsible for obtaining a physical examination during or after an incidence of emergency intervention when it is determined that:

- ◆ There is a physical injury to a child;
- ◆ There is a suspected injury to a child (A child's statement that he or she is hurt is a bases for the suspicion)

The administrator or the social work supervisor or their designee must see and talk with the child before a determination can be made. If no physical examination is necessary, this decision must be documented in the child's record. Any post emergency intervention injury or suspected injury observed by the facility personnel, or any complaint of injury reported to facility personnel must be reported immediately to the administrator or social work staff.

RUNAWAY PLAN (84808)(a)(1)(2)(b)(c)(1-6)(d)(e)(1)(A)(B)(F)(g)

The licensee must develop and maintain a written runaway plan that describes how the facility will respond to runaway children and children outside the facility property without permission, but within view of the facility personnel. The runaway plan must be appropriate for the age, size, emotional, behavioral and developmental level of the children. The runaway plan must be included in the group home program statement and must include the following:

- ◆ Time frames for determining when a child is absent without permission;
- ◆ Continuum of interventions;
- ◆ Actions taken by facility personnel to locate the child;
- ◆ Staff training plan, to include non-physical interventions, strategies to de-escalate a situation;
- ◆ Plan to include involvement of law enforcement, when appropriate;
- ◆ Plan to notify the child's authorized representative;
- ◆ Procedures for developing individual plans.

The runaway plan must be provided to, and discussed with each child and their authorized representative at the time of admission. If during the discussion, it is determined that the child has a history of running away from placement, then the following must occur:

- ◆ The facility social work personnel and the child's authorized representative must develop an individualized plan for that particular child;
- ◆ The individualized plan must be included in the child's needs and services plan.

Manual restraints can only be used if the facility has an approved manual restraint plan. In addition, the licensee is prohibited from preventing a child from leaving the facility by locking the child in a room or any part of the facility.

Manual Restraint Time Frames and Procedures

Visual Check	Time	Approval to Continue
	00:00 Restraint Begins	
Child is visually checked: restraint is justified, child is not injured, child's personal needs met.	00:15	Written approval to continue from the administrator (adm.) or designee.
Child is visually checked: restraint is justified, child is not injured, child's personal needs met.	00:30	Written approval to continue from the adm. or designee and facility social work staff. Adm. or designee and facility social work staff evaluate if the facility has the resources to meet the child's needs.
Child is visually checked: restraint is justified, child is not injured, child's personal needs met.	00:45	
Child is visually checked: restraint is justified, child is not injured, child's personal needs met.	01:00 03:00	Written approval to continue from the adm. or designee, and facility social work staff and child's authorized rep. Adm. or designee, facility social work staff evaluate if the facility has the resources to meet the child's needs.
Child is visually checked restraint is justified, child is not injured, child's personal needs met	01:00 02:15 03:15	

Visual Check	Time	Approval to Continue
Child is visually checked: restraint is justified, child is not injured, child's personal needs met.	01:30 02:30 03:30	Written approval to continue from the adm. or designee, facility social work staff and child's authorized rep. Adm. or designee, facility social work staff and child's rep. evaluate if the facility has the resources to meet the child's needs.
Child is visually checked: restraint is justified, child is not injured, child's personal needs met.	01:45 02:45 03:45	
Child is visually checked: restraint is justified, child is not injured, child's personal needs met. Child is allowed to access liquids, meals, toilet and range of motion exercises.	02:00	Written approval to continue from the adm. or designee, facility social work staff and child's authorized rep.. Adm. or designee, social work staff and child's authorized rep. evaluate if the facility has the resources to meet the child's needs.
Child is visually checked: restraint is justified, child is not injured, child's personal needs met. Child is allowed to access liquids, meals, toilet and range of motion exercises.	04:00	Contact the child's authorized rep., contact emergency services to determine if the child should be removed from the facility.